

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AD FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		2				
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41		1				
42	1					
43		1				
44	1					
45	1					
46		1				
47	1					
48	1					
49	1					
50		2				
TOTAL IND.	8					
TOTAL DEP.	20					
TOTAL CLAIMS	90					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								